

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
			Department:		
Organizational DUNS:			Division:		
Address:			Name and telephone number of persons to be contacted on matters involving this application (give area code)		
Street:			Prefix:		First Name:
City:			Middle Name		
County:			Last Name		
State:		Zip Code	Suffix:		
Country:			Email:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; justify-content: space-around;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div>			Phone Number (give area code)		Fax Number (give area code)
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> If revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date:		Ending Date:	a. Applicant		b. Project
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$.00			
c. State	\$.00			
d. Local	\$.00			
e. Other	\$.00			
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name		Middle Name	
Last Name				Suffix	
b. Title				c. Telephone Number (give area code)	
d. Signature of Authorized Representative				e. Date Signed	

INSTRUCTIONS FOR THE SF424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain application certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: - "New" means a new assistance award. - "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. - "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">A. Increase Award C. Increase Duration</div> <div style="width: 45%;">B. Decrease Award D. Decrease Duration</div> </div>	18.	To be signed by the authorized representative of the applicant A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

BUDGET INFORMATION - Non-Construction Programs

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)
1.	-				
2.	-				
3.	-				
4.	-				
5. Totals					
		Grant Program Function or Activity			
6. Object Class Categories		(1)	(2)	(3)	(4)
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (Sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (Sum of 6i and 6j)					
7. Program Income					

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Standard Form
Prescribed by

BUDGET INFORMATION - Non-Construction Programs (cont'd)

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources
8.				
9.				
10.				
11.				
12. TOTAL (Sum of lines 8-11)				
		Total Amt 1st Year	1st Quarter	2nd Quarter
13. Federal				
14. Non-Federal				
15. TOTAL (Sum of lines 13 and 14)				
(a) Grant Program		FUTURE FUNDING PERIODS (Years)		
		(b) First	(c) Second	(d) Third
16.				
17.				
18.				
19.				
20. TOTAL (Sum of lines 16-19)				
21. Direct Charges:		22. Indirect Charges:		
23. Remarks:				

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Standard Form 424A

INSTRUCTION FOR THE SF424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a - k of Section B.

Section A, Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a single Federal grant program (Federal activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should always provide the summary totals by programs.

Lines 1-4 Columns (c) through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in Columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (c) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (c) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (c) and (f).

Line 5 - Show the totals for all columns used

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4. Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a - i Show the totals of Lines 6a to 6h in each column.

Line 6j Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount

in Column (5), Line 6k, should be the same as the total amount shown in Section A, Column (a), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Column (1) - (4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources

Column (e) Enter total of columns (b), (c) and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (c) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project.

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary

Line 20 - Enter the total for each of the Columns (b)-(e). When schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

5 Line 23 - Provide any other explanations or comments deemed necessary.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 14728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited by (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention. Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 1/2 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 cc-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other non-discrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276z - 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

ASSURANCES - NON-CONSTRUCTION PROGRAMS (cont'd)

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (E.O.) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 17401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will ensure to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 or OMB Circular No. A-133, Audits of Institutions or Higher Learning and other Non-profit Institutions.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED



USAID | TANZANIA

FROM THE AMERICAN PEOPLE

Issuance Date: **04-19-2006**

Closing Date: **06-20-2006**

Closing Time: **1600 East African Time.**

Subject: Request for Applications (RFA) Number **USAID-TANZANIA-06-003-RFA**
Community Care for People Living with HIV/AIDS and Orphans/Vulnerable Children

The United States Agency for International Development (USAID) is seeking applications for an Assistance Agreement for funding a program for Community Care for People Living with HIV/AIDS and Orphans/Vulnerable . The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended.

The Recipient will be responsible for ensuring achievement of the program objective as described in the **Community Care for People Living with HIV/AIDS and Orphans/Vulnerable** program description. Please refer to the Program Description for a complete statement of goals and expected results.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be paid under the grant.

Subject to the availability of funds, USAID intends to provide approximately **\$30,000,000.00** in total USAID funding to be allocated over the 5 year period. USAID reserves the right to fund any or none of the applications submitted.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section A - Grant Application Format;
2. Section B - Selection Criteria;
3. Section C – Program Description;
4. Section D - Certifications, Assurances, and Other Statements of Applicant/Grantee;

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

If you decide to submit an application, it should be received by the closing date and time indicated at the top of this cover letter at the place designated below for receipt of applications. Applications and modifications thereof shall be submitted in envelopes with the name and address of the applicant and RFA # (referenced above) inscribed thereon, to:

(By U.S. Mail)
Agreement Officer
USAID/Tanzania
2140 Dar es Salaam Place
Washington D.C. 20521-2140

(By All Other Means of Delivery)

Application should also be sent as an email attachments to Kenneth P. LuePhang, Agreement Officer (bluephang@usaid.gov) with a copy to Samuel S. Kiranga, Acquisition Specialist (skiranga@usaid.gov)

The federal grant process is now web enabled, allowing for applications to be received on-line. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions. Hard copy applications are still accepted. Applicants are requested to submit both technical and cost portions of their applications in separate volumes. Award will be made to that responsible applicant(s) whose application(s) offers the greatest value.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant grant(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.

Beginning November 1, 2005, the preferred method of distribution of USAID RFA's and submission/receipt of applications is electronically via Grants.gov which provides a single source for Federal government-wide competitive grant opportunities.. This RFA and any future amendments can be downloaded from the Agency Web Site. The World Wide Web Address is <http://www.grants.gov> . In order to use this method, an applicant must first register on-line with Grants.gov. If you have difficulty registering or accessing the RFA, please contact the Grants.gov Helpdesk at 1-800-518-472 or via e-mail at support@grants.gov for technical assistance.. It is the responsibility of the recipient of the application document to ensure that it has been received from Fedgrants.gov in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

- (a) Section II - Selection Criteria;
- (b) Section I - Grant Application Format;
- (c) the Program Description;
- (d) This Cover Letter.

Any questions concerning this RFA should be submitted in writing to Kenneth P. LuePhang, Agreement Officer, (bluephang@usaid.gov) with a copy to Samuel S. Kiranga (skiranga@usaid.gov) . The latest date for receiving questions is COB May 08, 2006. Applicants should retain for their records one copy of all enclosures which accompany their application.

Sincerely,

Kenneth P. LuePhang
Agreement Officer
USAID/Tanzania

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SECTION A - GRANT APPLICATION FORMAT

PREPARATION GUIDELINES

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Section II addresses the technical evaluation procedures for the applications. Applications which are submitted late or are incomplete run the risk of not being considered in the review process. "Late applications will not be considered for award" or "Late applications will be considered for award if the Agreement Officer determines it is in the Government's interest."

Applications shall be submitted in two separate parts: (a) technical and (b) cost or business application. Technical portions of applications should be submitted in an original and cost portions of applications in an original and .

The application should be prepared according to the structural format set forth below. Applications must be submitted no later than the date and time indicated on the cover page of this RFA, to the location indicated on page 3 of the cover letter accompanying this RFA.

Technical applications should be specific, complete and presented concisely. The applications should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The applications should take into account the technical evaluation criteria found in Section II.

Applicants should retain for their records one copy of the application and all enclosures which accompany their application. Erasures or other changes must be initialed by the person signing the application. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

COST APPLICATION FORMAT

The Cost or Business Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an applicant in order for an Grant Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

The following sections describe the documentation that applicants for Assistance award must submit to USAID prior to award. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

A. A copy of the program description that was detailed in the applicants program description, on a 3-1/2" diskette, formatted in MS WORD, and a budget in MS EXCEL.

B. Include a budget with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. The budget must be submitted using Standard Form 424 and 424A which can be downloaded from the USAID web site, http://www.usaid.gov/procurement_bus_opp/procurement/forms/sf424/;

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;

- the breakdown of all costs according to each partner organization involved in the program;

- the costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;

- the breakdown of the financial and in-kind contributions of all organizations involved in implementing this Cooperative Agreement;

- potential contributions of non-USAID or private commercial donors to this Cooperative Agreement;

- your procurement plan for commodities (note that contraceptives and other health commodities will not be provided under this Cooperative Agreement).

C. A current Negotiated Indirect Cost Rate Agreement;

D. Required certifications and representations (as attached):

E. Cost share has been recommended to be % of the total estimated amount. If the applicant proposes a cost share of less than %, it will be deemed as not responsive, and will be removed from further consideration.

F. Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency shall also submit the following information:

1. copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;

2. projected budget, cash flow and organizational chart;

3. A copy of the organization's accounting manual.

G. Applicants should submit any additional evidence of responsibility deemed necessary for the Grant Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.

2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.

3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.

4. Has a satisfactory record of integrity and business ethics; and

5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

H. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal Office has a copy.

In addition to the aforementioned guidelines, the applicant is requested to take note of the following:

I. Unnecessarily Elaborate Applications - Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

J. Acknowledgement of Amendments to the RFA - Applicants shall acknowledge receipt of any amendment to this RFA by signing and returning the amendment. The Government must receive the acknowledgement by the time specified for receipt of applications.

K. Receipt of Applications - Applications must be received at the place designated and by the date and time specified in the cover letter of this RFA.

L. Submission of Applications:

1. Applications and modifications thereof shall be submitted in sealed envelopes or packages, by email or by electronic submission through the Grant.gov website (1) addressed to the office specified in the Cover Letter of this RFA, and (2) showing the time specified for receipt, the RFA number, and the name and address of the applicant.

2. Faxed applications will not be considered; however, applications may be modified by written or faxed notice, if that notice is received by the time specified for receipt of applications.

M. Preparation of Applications:

1. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk.

2. Each applicant shall furnish the information required by this RFA. The applicant shall sign the application and print or type its name on the Cover Page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

3. Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, should:

(a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets ; and

(b) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

N. Explanation to Prospective Applicants - Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing within three weeks of receipt of the application to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of a Grant will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

O. Grant Award:

1. The Government may award one or more Grants resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value (see also Section II of this RFA). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application (see

Section III, Selection Criteria), (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.

2. The Government may award one or more Grant(s) on the basis of initial applications received, without discussions. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint.

3. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting Grant(s).

P. Authority to Obligate the Government - The Grant Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Grant may be incurred before receipt of either a fully executed Grant or a specific, written authorization from the Grant Officer.

Q. The Contractor/Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract/agreement.

R. Foreign Government Delegations to International Conferences - Funds in this [contract, agreement, amendment] may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences [<http://www.info.usaid.gov/pubs/ads/300/refindx3.htm>] or as approved by the [CO/AO/CTO].

S. ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (ASSISTANCE) (JUNE 2005)

An organization that is otherwise eligible to receive funds under this agreement to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combatting HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

T. CONDOMS (ASSISTANCE) (JUNE 2005)

Information provided about the use of condoms as part of projects or activities that are funded under this agreement shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled, "USAID: HIV/STI Prevention and Condoms. This fact sheet may be accessed at: http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html

U. The AAPD 05-11 MARKING UNDER ASSISTANCE requirements and any future amendments to it are applicable to this RFA. This AAPD can be found and downloaded at http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_11.pdf. Within 60 days, the awardee will be required to submit their branding plan for anticipated events, products, programs. Prospective applicants are advised to contact the Agreement Officer for the hard copy in the event they are unable to download the document.

SECTION B - SELECTION CRITERIA

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants should organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below. Thereafter, the cost application of all applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, allowability, and allocability. To the extent that they are necessary (if award is made based on initial applications), negotiations will then be conducted with all applicants whose application, after discussion and negotiation, has a reasonable chance of being selected for award. Awards will be made to responsible applicants whose applications offer the greatest value, cost and other factors considered.

Awards will be made based on the ranking of proposals according to the technical selection criteria identified below.

Proposals will be evaluated and scored out of a total of 100 points using the criteria below. These criteria identify significant areas applicants should address in their proposals and serve as the standard against which all proposals will be evaluated.

Technical approach - Applicants will be evaluated on their planned technical approach to the proposed activity, including: 1) overall technical merit, including innovation and creativity, technical knowledge and analysis, feasibility, flexibility, and responsiveness to the key design considerations; 2) proposed strategies, interventions, and activities to achieve the objectives and expected results and demonstration of evidence-based programming; 3) gender-sensitivity of approach and linkages to other sectors to achieve the project goals; and 4) proposed results-oriented performance and M&E plan. Score: 40

Management and implementation - Applicants will be evaluated on their planned management and implementation approach to the proposed activity, including: 1) proposed organizational structure; 2) proposed partners and arrangements for working with partner organizations, where appropriate; 3) proposed grant management arrangements; and 4) proposed financial management arrangements. Score: 20 points

Key personnel - Applicants will be evaluated on the proposed skills matrix and the expertise and experience of the Chief of Party and other senior personnel. Score: 20 points

Institutional capacity and past performance - Applicants should demonstrate the institutional capacities and track record required to fulfill program requirements, as well as the ability to provide state-of-the-art technical assistance and administrative support. Applicants must submit up to five past performance references relevant to this scope of work, which will also be evaluated. Score: 20 points

SECTION C - PROGRAM DESCRIPTION

I Community Care for People Living with HIV/AIDS and Orphans/Vulnerable Children

II INTRODUCTION

The United States Agency for International Development Mission to Tanzania (USAID/Tanzania) issues this Request for Application (RFA) for a community-based care program for people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC). Subject to the availability of funds, USAID/Tanzania intends to award one Cooperative Agreement (CA) for up to \$30 million over a 5-year period.

Funds for this activity will be allocated through the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan). Approximately 35% of the total funding is likely to come from the OVC earmark. It is expected that considerable resources will be leveraged to provide for some of the compelling needs of PLWHA and OVC. Applicants need to be aware of the Office of the Global AIDS Coordinator (OGAC) policy that any individual implementing partner may receive no more than 10% of the total annual country-level USG budget for HIV/AIDS in any particular year. This 10% includes any existing agreements that the applicant currently has with the USG (where applicable). In line with this policy, funding levels will be taken into consideration during the review and approval process.

Tanzania is one of the 15 countries included in the Emergency Plan. Funds for this proposed activity will be made available through USAID/Tanzania until 2008 from the Emergency Plan. USAID's activities are part of an overall U.S. Government (USG) response, and complement the activities of the Centers for Disease Control and Prevention (CDC), Peace Corps, Department of Defense (DOD), and the U.S. Embassy. In addition to the USG/Tanzania 5-year strategy, USAID/Tanzania is also guided by a 5-year Country Strategy Statement covering the period 2005-2009. Under this Strategy Statement, USAID's Strategic Objective (SO) is "Reduced transmission and impact of HIV/AIDS in Tanzania."

The proposed activity will continue and build upon an existing USAID program for home-based palliative care and OVC programming. It will continue to serve existing beneficiaries in the existing Care/Tumaini program, which will come to a close in September, 2006. It will contribute to the national scale up of palliative care and OVC services in specific geographic areas, thereby also contributing to the achievement of Emergency Plan targets and the Mission's HIV/AIDS SO. It will support the priorities of the Government of Tanzania (GoT) and the implementation of the national framework, guidelines, and standards for home-based care (HBC) and OVC. The overall aim of the proposed activity is to scale up a continuum of care to improve the quality of life of PLWHA and OVC in Tanzania.

The applicant will focus on four main areas: 1) service delivery through sub-grants to support the national scale up of home-based palliative care and OVC services in specific geographic areas; 2) identifying and integrating components of service to provide a continuum of care; 3) strengthening local coordinating bodies to ensure the availability of quality, integrated care services to PLWHA and OVC; and 4) ensuring the application of national framework, standards, guidelines, curricula, and systems, and participating in the ongoing coordination, review, and improvement of these critical components of service implementation. Specific objectives are to:

- strengthen provision of integrated, high quality care and support for PLWHA and OVC at community level, including procurement of HBC kits and other essential commodities;
- scale up coverage of community care and support programs for PLWHA and OVC in select regions;
- build partnerships and strengthen referrals to achieve integrated networks of service;

- expand access of PLWHA and OVC to the continuum of care and comprehensive HIV/AIDS services, as well as preventive care interventions;
- build the capacity of government and civil society for sustainable delivery of quality, comprehensive care services for PLWHA and OVC; and
- support implementation of the national HBC and OVC programs at regional, district, and community levels.

The initial funding is \$3,270,900, of which \$2,475,000 will be for comprehensive home-based palliative care for people living with HIV/AIDS (PLWHA) and \$795,900 for support to orphans and vulnerable children (OVC). This amount will need to cover a minimum of 9 months of activity. During the 5-year timeframe, the proportion of funds allocated to OVC may increase. The program is intended to be implemented by community-based organizations, who will receive funding and organizational strengthening from an umbrella organization to provide comprehensive palliative care¹ services, including pain and symptom management, through home-based care and OVC services based on local need. At least 55% of the annual budget will be allocated for grants to local partners for direct service provision.

III BACKGROUND

A Context

HIV/AIDS - The Tanzanian mainland has a population of 34.4 million people, approximately one million of whom reside on the archipelago of Zanzibar (comprised of the islands of Unguja and Pemba). HIV/AIDS in Tanzania is a generalized epidemic, with a reported prevalence among adults of 7%, according to the 2003-2004 Tanzania HIV/AIDS Indicator Survey (THIS). The THIS reported that prevalence is higher among women (7.7%) than men (6.3%) and in urban (10.9%) than rural (5.3%) areas. In Zanzibar, HIV prevalence is estimated at 0.6% for the general population. However, there is evidence of a rise in infection rates. HIV prevalence in Zanzibar increased from 0.3% to 0.6% in pregnant women and from 0.5% to 1.5% in blood donors between 1987 and 1997.

At the end of 2004, UNAIDS estimated that 1.6 million Tanzanians, including 100,000 children, were living with HIV. Patients with HIV-related illnesses reportedly occupy 50% of hospital beds, and HIV/AIDS is the leading cause of adult death.

UNICEF 2003 data estimated that there were approximately 2 million orphans in Tanzania, of whom 980,000 were orphaned because of HIV/AIDS. The THIS reported that 11% of children in Tanzania under 18 have lost one or both parents. The proportion of children orphaned is higher in regions with high HIV prevalence and in urban areas.

Government policies and plans - The Tanzania Commission for AIDS (TACAIDS) is responsible for overall leadership and coordination of the HIV/AIDS response on mainland Tanzania. The Zanzibar AIDS Commission (ZAC) is responsible for overall leadership and coordination of the HIV/AIDS response on Zanzibar.

In 2003, TACAIDS issued the National Multisectoral Framework on HIV/AIDS (NMSF) 2003-2007 that established nine goals to address HIV/AIDS across sectors. Goal eight is to increase the number of PLWHA who have access to a continuum of care and support from home/community to hospital levels. Goal nine is to reduce the adverse effects of HIV/AIDS on orphans. The Health Sector HIV/AIDS Strategy 2003-2006 also identifies care, treatment, and support as one of three thematic areas, highlighting HBC, counseling, psychosocial support,

¹ Home-based care is the term used in Tanzania to describe comprehensive palliative care services defined by WHO and adapted by OGAC for use in resource-poor settings, which includes far more than the palliative care model associated in the Western World with care of terminally ill patients, when nothing medically can be done to change or halt the progression of the disease. Rather, it is defined as a wide spectrum of services/care that optimizes the quality of life of adults and children living with HIV/AIDS through the active anticipation, prevention, and treatment of pain, symptoms and suffering. Home-based care, in Tanzania, is the mechanism by which these comprehensive palliative care services are delivered.

and end-of-life care; comprehensive management of OIs; increasing access to ART; nutritional support; and integrated HIV/TB care. The Zanzibar National Multisectoral Strategic Plan (ZNMSF) and National HIV/AIDS Action Plan 2003-2007 highlight similar priorities.

In 2003, Tanzania's cabinet endorsed the National Care and Treatment Plan 2003-2008, to achieve the care and treatment goals laid out in the Multisectoral Framework. The Plan identifies specific goals to provide quality care and treatment, strengthen the health care structure, increase public understanding of care and treatment, and strengthen social support for care and treatment through HBC services, local support groups, and treatment partners. The Plan identifies the need for HBC services to be linked to care and treatment clinics (CTCs) as well as to services for OVC. Targets are 423,000 patients under treatment and 1,692,200 PLWHA under care by 2008. The National AIDS Control Programme (NACP), part of the Ministry of Health and Social Welfare (MOHSW) is charged with the implementation of the National Care and Treatment Plan.

On the mainland, the Counselling and Social Support Unit of NACP is responsible for HBC, and the Department of Social Welfare (DSW), recently moved to the MOHSW, is responsible for OVC. In Zanzibar, the MOHSW is responsible for both HBC and OVC programs.

The NACP has developed national guidelines for HBC services, a training course and trainer's guide, standardized referrals forms, and a simple reference guide for providers. The guidelines, published in February 2005, set out the minimum package for quality HBC, which includes: physical care (health care; OI treatment; appropriate nursing care; ART monitoring for side effects and adherence; pain and symptom management; nutritional counseling and support; and hygiene), emotional, social, spiritual, legal and economic support; and reducing stigma and discrimination. The guidelines also emphasize preventive interventions, care for carers, and effective referral, record keeping, and reporting systems.

The NACP has established a HBC Working Group to ensure that the National Care and Treatment Plan is implemented effectively, guidelines for service and service standards to enhance quality care are maintained and adhered to by all implementing organizations, and efforts are coordinated. It will map and establish a database of HBC activities, promote a minimum package of comprehensive high quality services and a national HBC strategy, strengthen links between care and treatment facilities and HBC programs, and incorporate the recently developed accreditation system for organizations providing HBC into the national guidelines.

In 2005, a National Plan of Action for Most Vulnerable Children (MVC) was finalized. The Plan seeks to establish Most Vulnerable Children Committees (MVCCs), which will be responsible for identifying MVC and ensuring that non-governmental organization (NGO), faith-based organization (FBO), and community-based organization (CBO) programs are coordinated with government services and meet the needs of children. Tracking of MVC and services will feed up to national level through Council Multisectoral AIDS Committees (CMACS), which coordinate the response to AIDS at the district level. A National OVC Steering Committee, consisting of Permanent Secretaries from several ministries and key stakeholders involved in the identification and care of orphans and vulnerable children, is coordinating implementation of the National Plan of Action. The Steering Committee and the DSW are advised by a National Technical Working Group.

B USG and USAID targets and strategic objectives

The President's Emergency Plan for AIDS Relief - Tanzania is one of 15 countries targeted in the Emergency Plan, which provides funding to consolidate and strengthen HIV/AIDS activities and scale up coverage of effective programs. Efforts will focus on expanding access to quality care and treatment, through strengthening capacity to implement comprehensive care services, funding treatment partners and HBC programs serving communities around treatment facilities, and expanding OVC access to comprehensive care and support. Emergency Plan cumulative targets for Tanzania relevant to this proposed activity are:

	2006	2007	2008
Number of clients receiving palliative care	100,000	230,000	350,000

Number of OVC receiving care and support	90,000	180,000	250,000
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This activity will continue and hone HBC and OVC services presently available through the existing Care/Tumaini HBC/OVC program, which comes to a close in September, 2006. It will be a critical component of the USG assistance to support the programs of the Government of Tanzania. It will also contribute to the achievement of Emergency Plan targets. During Year 1, the activity is expected to reach a minimum of 35,000 PLWHA and 40,000 OVC (Care/Tumaini presently has nearly 15,000 PLWHA and 30,000 OVC being served through programs that will largely be rolled into the new activity). Targets for subsequent years will be established by the awardee and USAID/Tanzania, but the program will be expected to scale up quickly and reach a large proportion of the overall Emergency Plan targets.

Strategic Framework - USAID/Tanzania's results framework is intended to contribute to achievement of the Emergency Plan 5-year Strategy and its related targets. Within the Tanzania Mission Strategy Statement 2006-2010, the HIV/AIDS SO is "Reduced transmission and impact of HIV/AIDS in Tanzania." The Intermediate Results (IRs) that support the achievement of this SO are:

- IR 1 Improved preventive behaviors and social norms
- IR 2 Increased use of prevention-to-care products and services
- IR 3 Improved enabling environment from community to national levels
- IR 4 Enhanced multisectoral response to HIV/AIDS

This activity will contribute to the Mission's HIV/AIDS SO and, most specifically, to IR 2 and IR 4. It will contribute significantly to the number of PLWHA and OVC receiving quality care and support at the community level and, through linkages and integrated networks, to increasing access to a continuum of care and to more comprehensive services for PLWHA and OVC. It will also contribute to the other two IRs by reducing stigma and strengthening multisectoral responses and coordination at district and community levels. These results will be achieved together with USAID/Tanzania's partners including the GoT, USG partners, bilateral and multilateral agencies, and local implementing partners.

C Current HBC and OVC Initiatives

Government of Tanzania - Community HBC was first piloted with the GoT in Rukwa and Coast regions in 1995-1996 and extended to Shinyanga and Kigoma regions in 1999-2000. By 2003, 15,000 PLWHA were receiving HBC services through government initiatives, supported by the Belgian government, among others. The NACP is now supporting HBC in 61 districts and further expansion is planned, with the recently awarded GFATM Round 4 funds allocated to train 100 HBC workers in each district and to provide HBC kits.

Twenty one districts have developed community MVC programs to address the needs of OVC. UNICEF and Axios have been active in these districts, setting up linkages with local government and CBOs to coordinate the response to the needs of OVC and provision of services. This was the model used in the GFATM Round 4 proposal, funds from which will support coverage of an additional 24 districts, with district governments and civil society organizations providing MVC with a basic service package to improve access to health, education, nutrition, shelter, and psychosocial support. PACT, the main DSW GFATM implementing partner, will manage sub-grants, capacity building, and technical support. With GFATM, World Bank TMAP, UNICEF, and Axios International funding, a total of 45 districts will be covered with the approach set out in the National Framework for OVC/MVC with non-US Government funds by 2008. There is considerable momentum in moving the implementation of the National Framework for OVC/MVC forward.

US Government (USG) - Comprehensive family-centered palliative care is essential to the health and well being of people living with HIV/AIDS and is an integral part of the Emergency Plan. Palliative care has traditionally been associated with terminal or end-of-life care. However, current thought and practice and Emergency Plan policy states a broader view that palliative care services encompass clinical, psychological, social, and spiritual care provided from the time that HIV is diagnosed and throughout the continuum of HIV

infection. These services are not specific to any one setting or location and can be offered through HBC settings. The USG has prioritized a palliative care approach to HBC care in Tanzania to insure that appropriate interventions are made to insure optimal quality of life for persons and their families with HIV disease (*see Annex 1*). In response to the Tanzanian context and Emergency Plan priorities, USG partners have developed a substantial portfolio of palliative care and OVC activities that place strong emphasis on delivery of coordinated, high quality interventions, and support for implementation of government HBC and OVC guidelines and standards. In 2005, through its implementing partners, the USG supported provision of HBC to 51,223 PLWHA in 47 districts and care and support to 36,419 OVC in 35 districts in mainland Tanzania and Zanzibar.

The USG is a major funder of initiatives to address the needs of PLWHA and OVC and for related systems strengthening. The program this proposed activity will supplant is the CARE/Tumaini program, implemented by the multi-disciplinary CARE/ Tumaini Alliance, which includes Care Tanzania; Family Health International (FHI); Centre for Counseling, Health and Nutrition Care; Healthscope Tanzania; Heifer International; and Muhimbili University College of Health Sciences. It currently operates in 27 districts in five regions through 23 sub-grantees. The program, which ends September 2006, has focused on providing PLWHA with access to care and treatment services; increasing OVC access to health, educational, and socio-economic support and improving sub-grantee capacity and referral systems with local health facilities; increasing community support; reducing stigma and discrimination; and increasing economic self-sufficiency for PLWHA and OVC. Through the Care/ Tumaini activity, services have been provided to approximately 15,000 PLWHA and 30,000 OVC and 1,500 volunteers and supervisors have been trained. The Africare program in Zanzibar, which provided HBC and OVC services in five districts, was recently linked with the CARE/Tumaini program. In spite of the success of the Care/Tumaini program, it has been missing key aspects of quality, comprehensive HBC and OVC services that would provide for seamless integration of services, such as pain and symptom management, end-of-life and bereavement care, and psychosocial support for OVC.

The recently awarded PACT Jali Watoto OVC initiative will strengthen government systems, their linkage with civil society through the MVCC, and MVCC capacity to coordinate and deliver comprehensive care for MVC; provide grants to local organizations to deliver quality services in under-served areas; coordinate linkages and knowledge sharing between USG partners and other implementing partners, government, donors, and civil society; support DSW data management and monitoring/evaluation (M&E) systems, and reduce stigma and discrimination. This three-year program will reach over 45,000 OVC in 20 districts not covered by other programs by 2008.

Other USG implementing partners, funded through USAID/Washington, provide OVC services in several districts of Tanzania, using the model established by the GoT, including Catholic Relief Services, Africare, and the Salvation Army.

In addition, other USG/Tanzania partners are supporting HBC and OVC initiatives through CDC and DOD. CDC has funded the Pathfinder International HBC program since 2004. Pathfinder began providing HBC in Arusha and Dar es Salaam regions in 2001 and will expand coverage in 2006 to provide services to 10,650 PLWHA in 12 districts in 4 regions (Arusha, Dar es Salaam, Kilimanjaro and Tanga). The program aims to build local government, NGO, and community capacity to plan and implement HBC including through training for HBC providers; strengthen referral linkages to ensure a continuum of care for PLWHA; reduce stigma and discrimination through mobilizing community leadership and PLWHA; and link with food provision programs that can serve ART clients.

DOD funds the Henry M. Jackson Foundation Medical Research Institute (HJFMRI) to provide both HBC and OVC services in the Mbeya, Rukwa, and Ruvuma regions. In partnership with the Regional Medical Office and a Tanzanian NGO, Kikundi Huduma Majumbani (KIHUMBE), the capacity of local organizations to provide HBC services is being strengthened through training new HBC providers in basic and advanced palliative care skills. KIHUMBE has provided HBC in Mbeya since 1991, and presently provides HBC services in Mbeya urban and rural. KIHUMBE and other NGOs and FBOs that work as a network are linking clients to the continuum of care through a two-way referral mechanism with the CTC at Mbeya Referral Hospital, and soon

with other ART sites in the regions where HJFMRI works. The DOD programs will serve approximately 5,650 PLWHA and over 10,500 OVC in FY2006.

To strengthen the quality of palliative care services, the USG will support the Tanzanian Palliative Care Association (TPCA). This funding, to start in 2006, will enable TPCA to strengthen capacity, quality, services, and advocacy for palliative care expansion in Tanzania. The TPCA will also provide information about best practices being applied in other countries, and help member organizations integrate core elements of palliative care into HBC programs. The TPCA will help Tanzania refine national policy, standards, and training that support provision of comprehensive, quality palliative care. Support for TPCA should be provided through the activity proposed in this RFA, with the applicant at least being a member of the Association.

Other Donors - Bilateral donors, including the Swiss (SDC), Irish (DCI), British (DFID), Belgian, and Norwegian (NORAD) governments, have provided funding for HBC and OVC programs implemented by FBOs, NGOs and CBOs, either directly or through mechanisms such as the Rapid Funding Envelope for HIV/AIDS (RFE) and the Civil Society Foundation. The RFE funds large NGOs such as PASADA, which implements a comprehensive palliative care program, and KIWAKUUKI, which is a significant provider of OVC support. The GFATM is also funding NGO providers of HBC and OVC services. AMREF has recently commenced HBC programming through CARE International, and PACT has started a new OVC initiative with Global Fund support. There are also many civil society organizations providing HBC and OVC services with support from small donors and charities. According to a 2001 assessment, more than 180 NGOs, CBOs, and FBOs were providing care and support services to around 10,000 PLWHA.

D Issues and challenges in palliative care and OVC support

Coverage – At the present time, care and support efforts are fragmented, most programs are small in scale, and only limited coverage has been achieved. Only 10% of the estimated 600,000 PLWHA who need palliative care currently receive services. According to the THIS, 16% of chronically ill adults live in households that receive medical support, 14% emotional support, and 12% material or practical support. Only 4-6% of OVC live in households receiving care and support services. Services are more widely available in urban than rural areas, and there are significant geographic inequities in provision of care and support.

Capacity and coordination – Capacity and coordination at the local level are weak, which will make implementation of this program a challenge. The organizational and technical capacity of NGOs, FBOs, and CBOs is fragile. Many have insufficient resources, including supplies and transport, to deliver adequate services. Shortages of health personnel have constrained effective follow-up and supervision of HBC activities. Orphan services are hampered by lack of human resources at the local level for welfare support, referrals, and supervision. Only a third of districts have a Social Welfare Officer (SWO) in post and social workers are not trained on OVC issues.

Until recently, coordination has been poor, often resulting in duplication of effort. At district level, the District Council Health Management Teams (DHMTs) and the newly formed Council Multisectoral AIDS Committees (CMACs) have not yet demonstrated the capacity to coordinate HIV/AIDS activities, though their role is crucial. And, training for CMACs did not include OVC issues. The recently established MVCCs (a subset of the nascent CMACS), charged with coordination of district and community OVC support, are not well established in most districts, lack technical capacity, and are under-resourced.

Referral systems and linkages – The DHMT's role is especially important in developing integrated services and strong referrals between HBC, counseling and testing (CT), prevention of mother-to-child transmission (PMTCT) programs, CTC services, and community care and support. These linkages are especially important for integration. With few exceptions, such as Selian Hospital in Arusha and the Archdiocese of Mwanza Bukumbi and Nyakato programs, referral systems between community and facility levels are weak. Particular challenges include limited CT, PMTCT, and CTC sites; cost to clients of investigations required to access treatment and of transport to clinics from remote rural areas; few formal partnerships developed between

community-based providers and facility-based providers, including traditional healers; lack of standardized bi-directional referral systems and CTC staff with responsibility for referral to and from HBC programs. Likewise, linkages between community care programs and providers of economic, nutritional, legal, and other services are weak. Linkages between civil society organizations and district structures are often poorly developed.

Quality and standards – Tanzania has just developed, but not yet implemented, an accreditation system for organizations providing HBC. One does not yet exist for OVC services. Consequently, there is considerable variation in the quality of community care. While some programs provide comprehensive care and refer clients appropriately, others do not. The THIS reported that psychosocial support and counseling were the most common interventions for PLWHA. There is a wide variation in services provided to OVC. Several models of HBC in Tanzania provide single-service or informal home-based care rather than delivering services through an integrated HBC model (*CARE/Tumaini Evaluation, 2005*). The Integrated Community-Home Based Care model (IHC) reflects African best practice in delivering quality services through HBC by building formal partnerships between service delivery sites and linking all service providers in a continuum of care (*Uys L, & Cameron S, 2004. Home-based HIV/AIDS Care, Oxford University Press, South Africa*). Supervision of community volunteers, in particular professional nursing supervision, is a weakness of many HBC programs in Tanzania, and there has been limited involvement of already overworked social welfare officers in supervision of OVC support activities, let alone evidence of their capacity or skills.

Fortunately, the HBC Working Group and the OVC National Steering Committee recognize the need to ensure that all organizations implementing national HBC and OVC programs must adhere to quality standards and guidelines, it remains a challenge to address inconsistencies among implementing organizations in terms of services, quality of care, training, supervision, and volunteer incentives.

Package of care - Many programs providing HBC and responding to the needs of OVC have developed independently. Most HBC programs provide services that focus on the chronically ill adult, rather than a family-centered response, despite the fact that HIV/AIDS affects the whole family. The minimum package of care laid out in the national guidelines is being reviewed by the national working groups for HBC and OVC services at this time.

Few HBC programs provide, or refer clients to, a standard package of preventive care interventions. These interventions, which include cotrimoxazole prophylaxis, access to safe drinking water and hygiene interventions, insecticide-treated nets (ITNs), micronutrients, HIV counseling and testing, prevention messaging, condoms and, where feasible, isoniazid prophylaxis, have been proven to reduce mortality and morbidity in PLWHA whether or not they are receiving ART and to have important benefits for other members of the household (*Mermin J et al, 2005. Developing an evidence-based, preventive care package for persons with HIV in Africa. Tropical Medicine and International Health, Vol. 10, No.10: 961-970*).

Clinical and nursing care within HBC, access to drugs at a community level, and integrated community service are core issues that are significant challenges. Few PLWHA receive quality comprehensive palliative care, in particular pain and symptom management and end-of-life care. Challenges, which the TPCA aims to address with support from USG, include limited awareness of the principles of palliative care, gaps in policies and guidelines, lack of professionally trained palliative care providers, inadequate training of HBC providers in OI, pain and symptom assessment, management and referral (including for infants and children), and limited availability of oral morphine to manage severe pain. Treatment literacy and preparedness, monitoring of side effects and adherence support have received limited attention in community programs. There is no established curriculum to train HBC providers in treatment support or tools to assist HBC programs to monitor clients on treatment. KIHUMBE is working with the Mbeya Regional Medical Officer and Mbeya Referral Hospital to develop a 6-day course covering ART adherence and basic patient monitoring and follow-up, referral and record-keeping tools for HBC volunteers.

Prior to the National Plan of Action, there has been no core package of services for OVC. Most programs have opted to provide material support and there has been limited focus on OVC needs for psychosocial support, bereavement counseling, legal advice, vocational training, economic strengthening, HIV/AIDS prevention and treatment, and child protection. Most HBC and OVC programs are not well equipped to manage care and treatment for children infected with HIV.

Community volunteers and involvement - Attrition of volunteers is a challenge that needs to be addressed, given the substantial investment in training. Few programs have strategies to retain or support community volunteers. Most volunteers do not receive remuneration or incentives, yet many use their own resources to support affected households. There is little supervision to provide follow-up after volunteer training, skill assessment or regular support sessions between volunteers and supervisors to improve performance and quality (*CARE/Tumaini Evaluation, 2005; Lesotho: A Rapid Appraisal of HCBC. FHI et al, 2004*).

Community involvement in HBC programs and OVC support has been limited. Little attention has been paid to the role of programs in strengthening community capacity, or their potential to undermine community efforts. Lessons learned indicate that HBC programs can result in household expectations that volunteers are responsible for care, even when family members have been trained to do this (*Horizons, 2004*).

IV PROGRAM DESCRIPTION

A General design considerations

The applicant will focus on four main areas: 1) service delivery through sub-grants to support the national scale up of home-based palliative care and OVC services in specific geographic areas; 2) identifying and integrating components of service to provide a continuum of care; 3) strengthening local coordinating bodies to ensure the availability of quality, integrated care services to PLWHA and OVC; and 4) ensuring the application of the national framework, standards, guidelines, curricula, and systems, and participating in the ongoing coordination, review, and improvement of these critical components of service implementation.

Applicants should take into account the background described above, as well as the following key considerations in developing their technical, implementation, and management approach to the proposed activity.

Context - Applicants should demonstrate a comprehensive understanding of the HIV/AIDS situation and the context of community HBC and OVC support in Tanzania. Proposals should be consistent with the Emergency Plan commitment to interventions that are informed by and responsive to local needs and epidemiology and distinctive social and cultural patterns, and coordinated with GoT strategies. In general, the Emergency Plan activities are designed to support the national programs, and for that reason, the proposed HBC and OVC programs must be consistent with GoT policies, plans, priorities, and guidelines. This means that the awardee must plan systems that scale up the GoT Plan (e.g., the DSW data management system). In addition, the proposed activities should fit within the framework of the USG 5-year Emergency Plan HIV/AIDS Strategy and USAID/Tanzania 5-year Strategy Statement.

Geographic scope - While program capacity building, training, and oversight will be national in scope, the primary focus of the program will be at the community level. NACP has requested USG “regionalize,” that is, to focus treatment programs on specific geographic regions to maximize use of resources and enhance coverage and service delivery linkages. Strategic geographic coverage to meet the NACP to regionalize, together with the need to 1) establish links with USAID-funded treatment programs and ensure comprehensive services, and 2) sustain existing USAID-funded HBC/OVC initiatives, will therefore determine selection of proposed regions. In Year 1, priority will be given to Dodoma, Iringa, Morogoro (to facilitate linkages with treatment activities provided by USAID-funded programs), Coast and Mwanza regions, and Zanzibar (to build on successful prior activities). In the regionalization effort, treatment sites will cascade to more rural health centres within the respective regions, and HBC programs are expected to be developed around CTC sites in those more remote

locations. Depending on available resources, the activity will expand with linked CTC sites to provide coverage to up to eight regions by the end of the CA. It will be critical to avoid duplication of effort, and the awardee will coordinate proposed activities with GoT counterparts and programs, USG and Global Fund implementing partners, and other PLWHA and OVC service providers.

Evidence-based approach - The activity will reflect lessons learned and best practice from HBC and OVC programs in Tanzania and the region, and Emergency Plan palliative care and OVC guidance (*see Annex I*). Applicants should demonstrate understanding of current knowledge and state-of-the-art approaches and how the proposed activity will build on successful experiences and best practice models in Tanzania and the region. USAID expects programs to maximize operational efficiencies. Applicants should describe how cost-effectiveness will be assured to enable scale up.

Delivery of comprehensive care services - This activity will focus on delivery of a minimum package of quality family-centered HBC and OVC care and support at community level, but will need to integrate community services to achieve a continuum of care for PLWHA and to more comprehensive services for OVC (*see Annex I*). Establishing two-way referral mechanisms with HIV prevention, clinical care and treatment services, and linkages with organizations addressing other PLWHA and OVC needs will be a priority. This will require building partnerships for an integrated network of services that will make a positive difference in quality of life for PLWHA and OVC with complex needs. The proposed program should lay out supervision systems for community health workers and for integration of services, strategically using professional nurses and social workers to improve the quality of care and services.

Integrated programming - HBC provides an opportunity to prevent HIV transmission to partners and children and identify children who are vulnerable or who may soon be orphans and ensure these children receive support and are referred to appropriate services. The activity will encourage implementing partners to take an integrated family-centered approach that incorporates services for OVC into HBC programming.

Expanded coverage - Scale up is one of the main activity objectives, both to address unmet need and achieve Emergency Plan targets. Applicants will be expected to increase coverage significantly, drawing on experience of other programs, such as the Integrated Community-based Home Care (ICHC) Program in KwaZulu-Natal in South Africa (*Defilippi K. Integrated community-based home care: Striving towards balancing quality with coverage in South Africa. Indian J Palliative Care, 2005, cited 2006 Apr 17, 11:34-36.*) The focus on providing services to as many PLWHA and OVC as possible should not be at the expense of quality programming.

Grant making - Grant making will be the main mechanism to support the delivery of services through local organizations. Applicants should outline the criteria to be used to select sub-grantees and describe approaches that will be taken to build sub-grantee capacity and to ensure a streamlined and accountable grant-making process.

Sustainability - Capacity building is a USAID/Tanzania cross-cutting theme and a critical component of USG activities to support long-term sustainability. A key objective of the proposed activity is to build government and civil society capacity to coordinate and implement effective HBC and OVC programs and to sustain activities beyond the CA. The activity will strengthen the capacity of DHMTs, CMACs, and MVCCs, and of FBO, NGO, and CBO implementing partners, and promote public-private partnerships.

Partnerships - Partnerships with a range of organizations will be crucial to the success of the proposed activity. One agency may not have all the skills and expertise required and applicants are encouraged to consider partnerships and sub-agreements, preferably with local organizations, to provide technical and other inputs. Applicants should identify specific partners or sub-contractors and define their role at the proposal stage. Applicants are also asked to identify wraparound programs that can provide for essential components of the continuum of care beyond the range of services this activity can fund. It is also important for applicants to

describe how they will promote active participation of PLWHA and OVC in planning, implementation, and monitoring.

Working relations - Coordination and harmonization with other key actors will also be critical and required. The awardee will be expected to collaborate with FHI, which provided technical assistance to the GoT in the areas of treatment, HBC, and OVC services. In addition, the awardee would also have to collaborate with Pathfinder International, PACT, DOD and other agencies implementing USG-supported HBC and OVC programs, as well as USG-supported HIV prevention and treatment activities. It will be necessary to establish working relations with the Mission, other USG partners, GoT counterparts, donor agencies, and international and local implementing agencies including NGOs, FBOs, and CBOs. It will be very important that the awardee ensure that the sub-grantees develop excellent working relations with the DHMTs, the CMACS, and the MVCCs to ensure local accountability and sustainability. The awardee can expect to be very involved in coordination efforts by GoT agencies, in particular the NACP and DSW, and will be requested to be an active participant on technical working groups (e.g., the OVC network of implementing partners).

Human resources - USAID/Tanzania encourages implementing agencies to strengthen the skills and competencies of local staff and applicants should describe how the proposed activity will build its own human resource capacity. USAID also expects implementing agencies to have a progressive and humane HIV/AIDS workplace policy and applicants should describe their proposed approach to this. Retention for both employees and volunteers is an important consideration.

Gender - Gender inequities affect PLWHA and OVC and those caring for them. Women and girls carry the burden of care for the sick and for orphans, and often are not equally represented in impact mitigation efforts; e.g., tuition for secondary school. In addition, understanding the additional vulnerability of girls and women to the impact of HIV/AIDS, the proposed activity must address their particular needs. There is need to improve support for female care givers, and ensure equitable access to services, as well as to increase male involvement. Gender is a USAID/Tanzania cross-cutting theme and applicants should describe how the proposed activity will address gender issues.

B Expected results and outcomes

The expected results of the proposed activity are:

1. Civil society partners deliver a core package of community care and support services for PLWHA and OVC;
2. Integrated services based on networks and linkages ensure access to a continuum of care and comprehensive services for PLWHA and OVC, including supply chain management of essential commodities for comprehensive care;
3. Local organizations have the capacity to deliver and sustain quality community care and support services for PLWHA and OVC; and
4. Organizations receiving sub-grants ensure the application of national frameworks, standards, guidelines, curricula, and systems to improve quality of care and improve national systems.

The outcomes and activities described below are illustrative and should not limit creative or innovative approaches to achieve program objectives and results.

Expected Result 1: Civil society partners deliver a core package of community care and support for PLWHA and OVC

The proposed activity will provide grants to a minimum of 30 civil society organizations (NGOs, FBOs and CBOs) to support direct delivery of community services to PLWHA and OVC. Basic services will be provided by community volunteers with nursing and supervisory support. The proposed activity will support successful sub-grantees currently funded by USAID through the Care/Tumaini activity, as well as additional sub-grantees,

prioritizing organizations that have the capacity to scale up coverage of quality programs and serve communities near current and anticipated treatment facilities. The grant mechanism should be efficient, rapid, and flexible. The proposed activity will involve CMACs and MVCCs in the grant-making process, to support their role as service purchasers and monitoring bodies.

Sub-grantees will be responsible for delivering a package of care and support services in the home that is consistent with GoT and Emergency Plan policies (*see Annex I*). Components of these services will be different for PLWHA and OVC.

Community care and support for PLWHA, including children with HIV, encompasses family-centered preventive, clinical, nursing, psychosocial, practical, end-of-life and spiritual care. (This includes provision of or referral for cotrimoxazole prophylaxis; provision of ITNs and micronutrients; education about and access to safe water, hygiene, safe food preparation and universal precautions; screening and referral for clinical care which includes OI and pain and symptom management and ARV treatment; counseling on prevention of sexual and parent-to-child HIV transmission and provision of condoms; nutrition counseling, assessment, and referral; family-based HIV counseling and testing or referral for VCT, to support disclosure and identify children with HIV; basic management and monitoring of medications including ART; pain and symptom management at community levels including linkages to opioid access for management of severe pain; culturally-appropriate end-of-life and spiritual care, counselling, succession planning, and bereavement counseling and support.) USAID/Tanzania gives high priority to strengthening the preventive care package, pain and symptom management and end-of-life care components of the comprehensive home-based palliative care program.

The proposed activity will work with other implementing partners to develop a standard package of OVC support to complement HBC programs, and will promote its application, based on the specific needs of OVC, through sub-grantees. (This package could include direct provision or access to basic services such as shelter, education, health care, nutrition support, vocational training, psychosocial support, counseling and bereavement support, child protection, and legal support. The latter should include birth registration, without which children cannot access education, health, and social services or secure inheritance rights.)

Sub-grantees will establish measures to provide care, emotional support, continuing education, and fair and equal incentives for volunteers to minimize burnout and attrition.

The proposed activity will support community-led responses, strengthening existing safety nets, and ensuring that provision of external support does not undermine community and family capacity. Community treatment education and preparedness will be important aspects of sub-grantee activities, as will efforts to reduce stigma and discrimination, which prevents PLWHA and OVC from receiving quality care.

The proposed activity will establish systems to engage affected individuals, families and communities in design, implementation, and monitoring of activities, and to solicit and report feedback from service beneficiaries. The proposed activity will also need to address the limited involvement of PLWHA groups in efforts to reduce community stigma and discrimination towards PLWHA and OVC and to support and promote uptake of services.

Expected Result 2: Integrated services based on networks and linkages ensure access to a continuum of care and comprehensive services for PLWHA and OVC, including supply chain management of essential commodities for comprehensive care

Community care is only one component of the continuum of care for PLWHA and of care and support for OVC. To ensure that PLWHA and OVC have access to comprehensive and integrated services, the proposed activity will establish networks, linkages, and wraparound programs that will leverage USAID resources. Otherwise, the available resources will be insufficient to reach targets.

The proposed activity will support the establishment of networks involving strategic partnerships. This will require multi-sectoral mapping of existing facilities and services and establishing a clear understanding of what care will be provided at which levels and by which organizations. Networks should be centered on the district and should link community HBC programs with VCT, PMTCT and CTC sites, including USG treatment partners. Lessons should be learned from countries such as South Africa and Uganda, which have successfully implemented the network approach and the Integrated Community-Based Home Care Model (Foley K et al, Palliative Care in Resource Poor Settings, Ch 19, [A Clinical Guide on Supportive and Palliative Care for People with HIV/AIDS](http://hab.hrsa.gov/tools/palliative/chap19.html), 2003, <http://hab.hrsa.gov/tools/palliative/chap19.html>).

Since available resources will not be sufficient to provide the full array of services for PLWHA and OVC, the proposed activity will support communities to access available services and establish linkages with organizations providing, for example, food, education, vocational training, income generation, micro-credit, and legal support. The proposed activity will also identify opportunities to leverage financial and technical resources from other sources for wraparound programs to address these needs. This will mean working closely with other donors, USG implementing partners, GoT structures, civil society, and the private sector. Options for leveraging support for provision of ITNs and safe water kits should also be explored.

Linkages to food security and assistance programs will be especially critical as the proposed activity will be expected to phase out direct provision of food rations to PLWHA and OVC by the end of Year 1. This will require careful management to ensure that the credibility of community programs is not damaged, as provision of food is the main 'role' of community volunteers in some programs and households have expectations that this will continue.

The timely and consistent availability of HBC kits, ITNs, condoms, and drugs for prophylaxis and treatment of OIs and for symptom and pain management will be critical to provision of comprehensive care. The NACP has established guidelines on HBC kit contents, and they have been procured for NACP through Deloitte and Touche and for CARE/Tumaini sub-grantees by CARE Tanzania. ITNs are distributed by the National Malaria Control Programme, as well as being available through social marketing programs and the private sector. Similarly, condoms are available through the public sector, NGO and social marketing programs and the private sector. Cotrimoxazole is reported to be available in all health facilities. There is scope for Emergency Plan treatment funds to be used for cotrimoxazole procurement for preventive care if this is required. The proposed activity will identify and facilitate effective supply chain management systems to ensure that sub-grantees receive both the standard HBC kit and supplementary commodities required to support the basic preventive care package at community level, including ITNs and condoms, and to replenish supplies as needed. Options for commodity procurement and logistics, including use of existing mechanisms, should be explored²

Lastly, effective referral systems will be essential if networks and linkages are to facilitate access to the continuum of care for PLWHA and to comprehensive support services for OVC. The proposed activity will assist sub-grantees and districts to establish systems that support the network model and, specifically, mechanisms and tools for two-way referrals between community programs and health facilities providing other components of HIV care, and between community programs and organizations providing other support services.

Expected Result 3: Local organizations work with local coordinating bodies to ensure sustainable quality community care and support services for PLWHA and OVC

The proposed activity will build the capacity of sub-grantees to deliver comprehensive, quality care and support for PLWHA and OVC at community level. Training and technical support should ensure that all sub-grantees can implement a basic package of services and provide a minimum standard of care.

² In Uganda, for example, a joint program involving government and partners including CDC, PSI, TASO, and Mildmay has developed a basic care starter kit which includes materials to support counseling and communication, ITNs, male condoms, and safe water kits. PSI will work through 36 partners to deliver 200,000 kits to PLWHA over 5 years.

Training should be standardized, build on earlier training, address program gaps and equip community providers with the knowledge and skills to provide comprehensive family-centered palliative care via HBC. The introduction of comprehensive palliative care into home-based programs requires the training and education of medical and community providers and other members of the interdisciplinary team. These include skills in basic nursing and prevention and management of OIs, pain and symptoms, screening and management of children with HIV, communication and counselling on difficult issues (including prevention messaging, bereavement care, etc), ARV treatment follow up and support, interacting/working with vulnerable children, and identification of OVC needs. Supervision systems are essential to improve performance and quality and includes follow-up after training by a professional nurse, skill assessment and regular support sessions between volunteers and supervisors.

Technical support is expected to include, among other approaches, mentoring, documenting and sharing effective practices, and providing sub-grantees with regular updates on policy and technical developments as well as practical tools and materials to support quality programming. The proposed activity will draw on Tanzanian and regional expertise and skills in specific aspects of comprehensive care for PLWHA and OVC, and establish mechanisms to source technical support as and when required. Delivery of an integrated family-centered HBC model is highly encouraged to build formal partnerships between service delivery sites and links all service providers in a continuum of care. Flexible call-down or sub-grant arrangements with technical partners will be encouraged.

The proposed activity will ensure that sub-grantee programs are consistent with national HBC and MVC priorities, policies, and guidelines, and that programs employ standard client management protocols and procedures for referral for diagnosis, care, and treatment. It will also ensure that efforts are focused on community-based services that are in the best interest of the child. It will work in partnership with district health and social welfare authorities and with health facilities to monitor services and to establish systems for quality assurance and professional supervision. The proposed activity should consider mechanisms, other than direct funding, to support DHMTs and MVCCs to fulfill their supervisory role.

The awardee will participate in coordination and knowledge-sharing mechanisms involving USG partners, GoT, bilateral donors and civil society; support coordination efforts of USG partners and USG-supported implementing agencies; and monitor policy developments that affect HBC and OVC programming.

The proposed activity will work closely with CMACs, DHMTs, district and community MVCCs and take steps to promote public-private partnerships. It will ensure sub-grantees collaborate with district and community coordination mechanisms and link to district planning processes and reporting systems, including implementation of the national OVC tracking system. The proposed activity will identify innovative ways to strengthen local government and community structures for coordination, management and supervision of PLWHA and OVC services, rather than establishing parallel systems. The USG will especially look for offerors who will ensure the effective implementation of national programs to support sustainability.

The proposed activity will strengthen sub-grantee capacity in program management, financial accountability, reporting and M&E. It will also identify local organizations with the potential to manage and sustain activities independently and develop a targeted program of capacity building for these organizations. By the end of the CA, at least three organizations should be in a position to receive direct funding from the USG.

The applicant should plan to develop a quality improvement system for the program, including a definition of what constitutes quality, how it will be implemented, measured, and what bearing the results will have on establishing standards of practice.

Expected Result 4: Organizations receiving sub-grants ensure the application of national frameworks, standards, guidelines, curricula, and systems to improve quality of care and improve national systems

The proposed activity will essentially be scaling up the national programs for HBC and OVC services in support of the GoT. Consequently, it will be essential that sub-grantees subscribe to and apply the national frameworks that have been developed by NACP and the DSW. The awardee is charged with ensuring that programs it funds comply with the standards and guidelines developed for HBC and OVC services, that training curricula developed by the national programs are used. This training should be done using national standards and in collaboration with other implementing partners to benefit from economies of scale and to avoid duplication of effort. National systems for tracking recipients, needs, and available services should be used by the sub-grantees so as to strengthen the national system. The awardee will be expected to participate in national fora to review the feasibility of implementing national programs, and recommend improvements to quality and services based on the experience of sub-grantees.

V RESULTS AND REPORTING

A Expected results and performance indicators

Emergency Plan This proposed activity will contribute to Emergency Plan performance indicators. *Program level* indicators relevant to this proposed activity are:

Care and treatment (including TB/HIV care)

- Number of service outlets providing HIV-related palliative care (disaggregated by HIV only vs. TB/HIV and by sex)
- Number of individuals provided with HIV-related palliative care (disaggregated by HIV only vs. TB/HIV and by sex)
- Number of individuals trained to provide HIV palliative care (disaggregated by HIV only vs. TB/HIV and by sex)

OVC

- Number of OVC served by OVC programs (disaggregated by sex)
- Number of providers/caretakers trained in caring for OVC

Required and recommended *outcome level* indicators relevant to this proposed activity are:

Care and treatment:

Required:

- Percentage of adults aged 18-59 who have been chronically ill for 3 or more months during the past 12 months, including those ill for 3 or more months before death, whose households have received, free of user charges, basic external support in caring for the chronically ill person

Recommended:

- Percentage of chronically ill persons with severe pain and symptoms who report that their pain and symptoms were controlled
- Percentage of HIV-positive patients who are given cotrimoxazole preventive therapy

OVC

Required:

- Percentage of OVC under 18 living in households whose households have received, free of user charges, basic external support in caring for the child

Recommended *impact level* indicators are:

Care and treatment

- Proxy for quality of life for PLWHA
- AIDS-related morbidity

OVC

- Proxy for Quality of life for OVC

The proposed activity will be expected to collect data on program level indicators. It will not be expected to collect data on outcome or impact level indicators; this information will be collected through national population-based surveys and periodic special studies. However, there is an expectation that the proposed activity will contribute to achievement of these results in its geographical areas of intervention.

Applicants should refer to Emergency Plan Indicators, Reporting Requirements and Guidelines for Focus Countries (2005) for more detailed information, including indicator definitions and guidance on measurement (see the website for the Global AIDS Coordinator - <http://www.state.gov/s/gac/partners/guide>).

USAID/Tanzania - This proposed activity will also contribute to the achievement of the Mission's HIV/AIDS results framework for SO IR 2 "Increased use of HIV/AIDS prevention to care services and products" and IR 4 "Enhanced multisectoral response to HIV/AIDS." Relevant indicators to measure these are:

IR2

- Number of individuals reached by home- and/or community-based care programs

IR 4

- Number of sites and communities receiving USAID support to provide care and support to orphans and children affected by HIV/AIDS
- Number of faith-based OVC facilities and programs
- Number of providers and caretakers trained in caring for OVC
- Reduced stigma towards OVC

GoT - Indicators in the NMSF, which also reflect UNGASS indicators, are:

Goal 8

- Percentage of health facilities with the capacity to deliver appropriate care for PLWHA

Goal 9

- Percentage of orphans in age range 10-14 years attending school

B Monitoring and evaluation

The applicant will design an M&E plan to provide data required by the Mission and the Emergency Plan for performance reporting, as well as government M&E frameworks, including the national OVC/MVC system. Proposals should include a clear description of the approach to be taken to collection of baseline information, illustrative indicators to measure outcomes and impact and how these relate to the proposed activity objectives, and a plan detailing how data will be collected, analyzed, verified and reported. Applicants should describe how qualitative data and feedback from sub-grantees and clients will be used to inform programming.

The applicant must demonstrate a results orientation, achieving a measurable difference in the lives of PLWHA and OVC/MVC by applying the resources and efforts this activity will orchestrate. Indicators should be based, at a minimum, on the USAID/Tanzania results framework and Emergency Plan program level indicators and should be consistent with GoT national indicators. After award, the USAID/Tanzania Cognizant Technical Officer (CTO) will work with the awardee to ensure that indicators are aligned with the Mission's results framework and Emergency Plan indicators. Applicants are also expected to develop specific benchmarks to measure success in leveraging other resources with wraparound programs, building the capacity of NGOs, FBOs, CBOs and local government structures, and developing public-private partnerships.

All reported results must be disaggregated by sex for ease of monitoring gender specific results.

USAID/Tanzania will conduct an independent mid-term review and a final evaluation of the activity.

C Reporting requirements

Work plan - Within 60 days of award, the awardee will submit a detailed work plan, including activities to be implemented and implementation sites, budget, and M&E plan for Year 1, which will run from the award date until the end of that fiscal year. Subsequent plans will be submitted and negotiated for each annual cycle, which runs from October 1 to September 30. Initial and subsequent work plans should be developed in consultation with the NACP and the DSW.

Because Emergency Plan funds are allocated on an annual basis, there will be little opportunity to revise resource requirements during the year. It will, however, be possible to revise activities within the annual budget based on emerging needs or changing circumstances, to ensure the proposed activity can provide responsive and flexible technical assistance and program support.

Performance Monitoring Plan - The initial work plan will also include a proposed Performance Monitoring Plan (PMP) for the 5-year period of performance including the process for collecting baseline data and data to measure progress against key indicators. The work plan and PMP will be subject to approval in writing by the CTO.

Progress reports - The awardee will submit quarterly progress reports, Emergency Plan semi-annual and annual reports. These reports will indicate progress in implementing activities and towards benchmarks and Emergency Plan indicators, identify tangible results, and highlight challenges and measures to be taken to address them (including proposed modifications to strategies and work plans). The annual report should include documentation of best practices and lessons learned.

Quarterly reports, covering activities during the preceding 3 months, will be submitted to the CTO within 30 days of the end of the reporting period. Semi annual and annual reports, due within 30 days of March 31 and September 30, should cover activities during the preceding 6 and 12 months, respectively, and include the required table of indicators with achievements for the report period. Data collected to measure progress against the PMP will be submitted to the CTO within 30 days of September 30 each year.

A quarterly meeting will be held with USAID/Tanzania approximately 30 days after the completion of the quarter to review activity progress and plans.

Financial reports - The awardee will also submit quarterly financial reports. These reports will include a summary of finances and pipeline analysis of funds obligated, funds expended, accrued expenses and funds remaining by budget categories. They will also provide a breakdown of funds by fund category and year of obligation.

Other reports - USAID/Tanzania requires printed and electronic copies of all program products, for example, publications, studies, trip reports, assessments, short-term consultancy reports, within 30 days of completion of the task.

VI KEY PERSONNEL

Applicants should propose an overall staffing pattern that demonstrates the technical expertise and experience required to design and implement the activity and to support the proposed technical approach. The staffing plan should demonstrate a solid understanding of key technical and organizational requirements and an appropriate

mix of skills, while avoiding excessive staffing. This section should include: 1) a detailed organizational chart, 2) a brief description of relevant experience of key personnel and 3) a skills matrix for proposed staff.

Given the various structures that could be put in place for management and implementation of the proposed activity, the applicants are asked to identify specific individuals for the key positions, at the very least that of Chief of Party, Program Director, Finance Director, and Grants Coordinator. These individuals should have relevant international and national experience, expertise and knowledge, including in program management, palliative care and OVC services, health and social welfare structures and systems, networking and referral mechanisms, public-private partnerships, organizational and technical capacity building and support.

VII SUBSTANTIAL INVOLVEMENT UNDERSTANDING

USAID/Tanzania will be substantially involved during performance of this CA as set out below.

Implementation plan, including annual work plans - The USAID/Tanzania CTO must approve the overall implementation plan and annual work plans, including any significant changes or revisions, in writing.

PMP and M&E plan - The CTO must approve the PMP and M&E plan, including any significant changes or revisions, in writing.

Key personnel - The CTO must approve the replacement of key personnel in the following positions: Chief of Party and senior staff, including the Financial Director, the Program Director, and the Grants Coordinator. USAID/Tanzania retains the right to review this approval at any time and to revoke approvals previously granted.

Sub-recipients and sub-awards The CTO must concur with the grant-making plan and, if requested, selection of sub-grant recipients and approval of recipient M&E plans (as defined in 11 CFR 226.2) and with substantive provisions of sub-awards (as defined in 22 CFR 226.2). CTO concurrence on the substantive provisions of sub-awards is limited to technical and program matters only; such concurrence shall not extend to contractual, administrative or financial provisions, which must be in accordance with the terms and conditions of the CA and ADS 303.

Collaboration or joint participation - The USG will retain primary responsibility for conducting policy dialogue with the Tanzanian government. USAID will expect to be involved in coordination and advisory groups related to palliative care/HBC and OVC/MVC and to provide direction or redirection to the activity related to interrelationships with other programs or Emergency Plan requirements.

VIII PROPOSAL SUBMISSION

A Application instructions

All proposals received by the deadline will be reviewed for their responsiveness to the specifications set out in B and C below. Late or incomplete submissions may not be considered in the review process, at the discretion of the USG.

Proposals should be prepared according to the format set out below. Proposals should be submitted electronically to the individual identified in the cover letter accompanying this RFA and by the date and time specified. Proposals will be evaluated and scored using the process and criteria outlined in Section IX.

B Technical proposal format

Technical proposals should be concise, specific, complete, and demonstrate the applicant's capabilities and expertise with respect to achieving the objectives and expected results of the proposed activity.

Technical proposals should be in English and no longer than 25 pages (excluding cover pages, table of contents, dividers, and annexes). Proposals should be on pages 8½ by 11 inch or A4 (please specify which in cover page with submission), single-spaced, 12-point type in a single column with 1-inch margins on all sides. The technical proposal should include the following:

- A description of the overall vision and proposed technical approach to the proposed activity (as outlined in Section IV), including the proposed approach to scale up, provision of a minimum package of quality services, commodity management, establishment of networks, referral systems and linkages, grants management, capacity building, technical support and quality assurance, and coordination.
- A description of proposed arrangements for working with technical partners.
- A description of the proposed approach to selection of and working with local sub-grantees.
- A description of specific plans to monitor and evaluate activity performance, especially the results orientation (as outlined in Section V).
- An organizational chart, skills matrix, and brief descriptions of key positions (as outlined in Section VI).

Annexes should include the following:

- Resumes of the Chief of Party and all proposed key personnel (5 pages maximum per position), and other proposed staff (3 pages maximum per position) where appropriate.
- Letters of commitment for the Chief of Party and all key personnel.
- Capability statements and letters of intent to sub-grant from proposed bid partners. (Exclusivity agreements are not required at proposal stage.)
- Past performance references and a list of all contracts, grants or CAs involving similar or related programs over the past 3 years. Reference information should include name and address of awarding organization, name, telephone number and e-mail address of contact person, award amount and number, if appropriate, and a brief description of work performed.

C Cost proposal

IX REVIEW PROCESS AND EVALUATION CRITERIA

A Review process

USAID/Tanzania will award the agreement to the one applicant whose proposal best meets the program description and represents the best value, all factors considered. USAID reserves the right to reject any or all proposals submitted.

Proposals will be evaluated by a committee comprised of at least three individuals; USAID/Tanzania staff will constitute the majority of the evaluation committee. The same individuals will review all proposals submitted under this RFA. Individuals who review and evaluate proposals shall not have a conflict of interest. The review and evaluation committee will prepare a written evaluation of each application, comparing it with the evaluation criteria described in Section B below.

B Evaluation criteria

X GENERAL REQUIREMENTS

A Eligibility criteria

The proposed activity is authorized in accordance with the Foreign Assistance Act of 1961, as amended, and the Federal Grants and Cooperative Agreements Act, 1977. To be eligible to receive a CA under this RFA an organization must:

- be a U.S. or non-U.S. based institution of higher education or research institution, for-profit, non-profit, or private voluntary organization registered with USAID;
- have demonstrated capacity in performance in activity areas described in this RFA, and have the managerial and technical capacities to achieve the objectives and illustrative results outlined; and
- have the capacity to collaborate with other organizations in undertaking palliative care and OVC programming.

An organization that is otherwise eligible to receive funds under this agreement to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combatting HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

B Certifications, assurances and other statements of applicant

The Agreement Officer must receive the following certifications and representations from both U.S. and non-U.S. organizations prior to making an award, and as otherwise may be required, in accordance with the regulations listed below as mandatory references:

- A signed copy of the Assurance of Compliance with Laws and Regulations Governing Non-discrimination in Federally Assisted Programs. All US organizations are required to comply with this certification; non-US organizations are subject to this requirement if any part of the program supported by the USAID award will be undertaken in the US.
- A signed copy of the certification and disclosure forms for Restrictions on Lobbying.
- A signed copy of the Prohibition on Assistance to Drug Traffickers for Covered countries as detailed in ADS 206.

C Schedule

Within 1 month of the agreement award the individuals designated as key personnel will be available to commence work, and a project office will be established and operational.

Within 2 months of the agreement award, the awardee will submit an overall approach for the entire 5-year period of the program, a detailed work plan and budget for Year 1, a Branding Plan, and a PMP.

Annex 1 – OGAC Guidance for Palliative Care Services

Definitions

- Home based care (HBC) is “the provision of care and support that endeavors to meet the nursing and psychosocial needs of persons with chronic illnesses and their family members in their home environment.”³
- Palliative care is defined as “an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering, the early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”⁴ The terms palliative care and care of the dying (end-of-life care) are often confused. End-of-life care is only one component of palliative care because palliative care addresses need across the spectrum of care.

The fundamental distinction between HBC and palliative care is that HBC is a delivery system adapted to the home environment and palliative care is a specific type of holistic care that is offered wherever it is applicable – in the home, community, and facilities, e.g. clinics, hospitals and hospices.

Guiding principles for HBC

- Care should be comprehensive, including medical and nursing care, counseling and psychosocial support, spiritual and pastoral care, material and social support (welfare, legal advice) and referral.
- Care should be along a continuum. Home care is an essential component in a continuum of care for PLWHA but at certain stages cannot substitute the role of health institutions such as hospitals and clinics. Referral systems and links between services along a continuum are necessary.
- Care and prevention may be most effective if fully integrated.
- Home care should target all people who are chronically ill to avoid stigmatization of PLWHA and discrimination of patient categories. Resources permitting, home care should also provide support not only to the patient, but also to the entire affected family.
- Home care should be pursued not as a way to divert the burden of AIDS on hospitals to the community but to provide the same kind of care in a different environment.
- Home-care programs are more sustainable if they are community-initiated and owned.

Gabarone Declaration 1st Regional conference on HBC, March 2001

Other References

Preventive Care Package: Mermin J et al, 2005. Developing an evidence-based, preventive care package for persons with HIV in Africa. Tropical Medicine and International Health, Vol. 10, No.10: 961-970).

Network Approach to Care and the Integrated Community-Based Home Care Model of Care:

- *Foley K et al, Palliative Care in Resource Poor Settings, Ch 19, A Clinical Guide on Supportive and Palliative Care for People with HIV/AIDS, 2003, <http://hab.hrsa.gov/tools/palliative/chap19.html>*
- *Uys L, & Cameron S, 2004. Home-based HIV/AIDS Care, Oxford University Press, South Africa*

Guidance from the Office of the Global AIDS Coordinator on Palliative Care

Comprehensive palliative care is essential to the health and well-being of PLWHA. Palliative care, as defined in the US 5-Year Global HIV/AIDS Strategy, aims to achieve optimal quality of life for PLWHA and their families and minimize suffering through mobilizing clinical, psychological, spiritual, and social care throughout the

³ Family Health International, Comprehensive Care and Support Framework.

⁴ World Health Organization definition of palliative care.

entire course of HIV infection. The principles of effective HIV/AIDS care programming include: respect for patient autonomy and provision of adequate access to information; respectful and trusting relationships between PLWHA and caregivers; support for family, child, and community caregivers in delivering palliative care; and enhanced quality of life throughout the continuum of disease.

Palliative care has traditionally been associated with terminal or end-of-life care. However, the Emergency Plan views palliative care as encompassing care provided from the time HIV is diagnosed throughout the continuum of HIV infection. The Plan envisages a comprehensive, holistic, interdisciplinary approach to HIV care and recognizes that different types and intensity of palliative care intervention are needed, depending on the stage and progression of disease and the needs of the individual and family.

The package of palliative care should be appropriate to the specific country. Within palliative care, Emergency Plan funds can support:

- Clinical care for asymptomatic and symptomatic PLWHA – including counseling and testing, routine clinical follow up, OI prevention – this includes provision of isoniazid and cotrimoxazole prophylaxis, ITNs, safe water and hygiene, nutrition assessment and counseling, universal precautions, time-limited nutritional support for PLWHA with malnutrition, preparation for ART and support for treatment adherence, basic nursing care, treatment of symptomatic illness, alleviation of symptoms and pain, end-of-life and bereavement care – this includes succession planning and referrals for OVC.
- Psychological care – including assessment, mental health counseling, family care and support groups, support for disclosure, bereavement counseling, treatment of HIV-related psychiatric illnesses, and spiritual care.
- Social care – including community support groups, efforts to reduce stigma, legal services, assistance to secure government support, links to food and income generation support, other activities to strengthen affected households and communities.
- Prevention for PLWHA – including counseling, support groups, condoms, disclosure, partner testing.

The preventive care package combines elements of clinical care and prevention for all PLWHAs. Delivery sites for comprehensive palliative care are the home, community, and facility, and it is essential to link these sites to ensure access to comprehensive care.

Guidance from the Office of the Global AIDS Coordinator on OVC Support

Activities should:

- Meet the best interest of the child.
- Fit within the country context.
- Where appropriate, include leveraging of any and all relevant resources.
- Include comprehensive referrals to education, care, medical, and social services.
- Include active youth participation.
- Address sustainability and scale of local systems and structures.
- Address principles outlined in the Global Framework for OVC.

Activities should facilitate a supportive social context for children and families affected by HIV/AIDS, strengthen the capacity of families and communities to meet the needs of OVC, mobilize and support communities to decide which children are vulnerable, what services they need, and what local resources can be leveraged to meet these needs.

Activities should strengthen government systems and structures at multiple levels to protect the most vulnerable children through improved policy and legislation, and mobilization of resources to communities to ensure comprehensive service delivery.

Activities should improve OVC access to essential services (education, health care, psycho-social support, HIV prevention, food, social and legal protection, shelter, and economic opportunity) including through leveraging of other resources and wraparound programming.

Annex 2 – Guidance for Preventive Services for PLWHA

Prevention interventions with HIV-infected persons have been shown to be both efficient and effective at preventing new infections. With the scale-up of HIV counseling and testing and treatment and care, there continues to be a dramatic increase in the identification of HIV-infected persons and the opportunity for prevention interventions with this group.

Interventions to reduce risk behaviors among HIV-infected persons are a significant part of the prevention strategy set forth in the President's Emergency Plan for AIDS Relief. As with all prevention interventions, programs should continue to refer to the ABC Guidance. Models of delivery of prevention interventions for HIV-infected persons include the following:

1. Interventions for HIV-sero-discordant couples
 - a. Enhanced post-test counseling at counseling and testing sites
 - b. Ongoing prevention counseling at clinics and testing sites with both partners
2. Support/counseling groups for HIV-infected persons
 - a. Community (e.g. post-test clubs) or clinic-based (e.g., PLWHAs)
 - b. Can include partners, when appropriate
 - c. Some led by trained counselors, whereas others are led by peer counselors or HIV-infected individuals
3. Case management
 - a. Prevention counseling can be part of comprehensive case management including medication adherence and support
 - b. May involve HIV-infected person and his/her family
 - c. Often provided as extension of HIV care and treatment
4. Prevention interventions integrated into HIV care and/or treatment
 - a. Prevention messages delivered by the health care provider
 - b. When available, HIV counselor can provide more in-depth discussion of prevention issues and skills training on disclosure to partner, negotiation of safer sex, reducing number of sexual partners, etc.
 - c. HIV prevention intervention delivered at each care/treatment visit
 - d. Often accompanied by written information available in the clinic and provided to the patient as appropriate

SECTION D

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT [1][2]

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

(1) By signing and/or submitting this application or grant, the recipient is providing the certification set out below.

(2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

(3) For recipients other than individuals, Alternate I applies.

(4) For recipients who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

(1) The recipient certifies that it will provide a drug-free workplace by:

(A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(B) Establishing a drug-free awareness program to inform employees about--

1. The dangers of drug abuse in the workplace;
2. The recipient's policy of maintaining a drug-free workplace;
3. Any available drug counseling, rehabilitation, and employee assistance programs; and
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(C) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);

(D) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--

1. Abide by the terms of the statement; and

2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(E) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1, from an employee or otherwise receiving actual notice of such conviction;

(F) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--

1. Taking appropriate personnel action against such an employee, up to and including termination; or

2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(G) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).

(2) The recipient shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Alternate II

The recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS [3]

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. [4] You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is

debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," [5] provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, the it and its principals:

(A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(B) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(C) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification;

(D) Have not within a three-year period proceeding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

4. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

5. PROHIBITION ON ASSISTANCE TO DRUG TRAFFICKERS FOR COVERED COUNTRIES AND INDIVIDUALS (ADS 206)

USAID reserves the right to terminate this [Agreement/Contract], to demand a refund or take other appropriate measures if the [Grantee/ Contractor] is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certification are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to, or take or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

The recipient has reviewed and is familiar with the proposed grant format and the applicable regulations, and takes exception to the following (use a continuation page as necessary):

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

Signature _____ Date _____

[1] FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) [2] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". [3] The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. [4] See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. [5] For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

6. CERTIFICATON: AAPD 05-04.

Before a U.S. or non-U.S. non-governmental organization receives FY04-FY08 HIV/AIDS funds under a grant or cooperative agreement, such recipient must provide to the Agreement Officer a certification substantially as follows:

“[Recipient's name] certifies compliance as applicable with the standard provisions entitled “Condoms” and “Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking” included in the referenced agreement.”

7. CERTIFICATION REGARDING TERRORIST FINANCING IMPLEMENTING E.O. 13224 (REVISION 2)

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury’s Office of Foreign Assets Control (OFAC) and is available online at OFAC’s website : <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established

under UNSC Resolution 1267 (1999) (the “1267 Committee”) [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee’s website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.

c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification-

a. “Material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.”

b. “Terrorist act” means-

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: <http://untreaty.un.org/English/Terrorism.asp>); or

(ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or (iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. “Entity” means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient’s obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signed: _____
(Typed Name and Title)
(Name of the Organization)

Date

PART II - OTHER STATEMENTS OF RECIPIENT**1. AUTHORIZED INDIVIDUALS**

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name	Title	Telephone No.	Facsimile No.
<hr/>			
<hr/>			
<hr/>			

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

- (1) Recipient's name.
- (2) Recipient's address.
- (3) Recipient's telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the organization was started.
- (7) Number of people employed by the recipient.
- (8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.dbisna.com/dbis/customer/custlist.htm>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

\$_____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST
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(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items does not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/ DESCRIPTION (Generic)	QUANTITY EST. UNIT COST	GOODS COMPONENTS SOURCE	GOODS COMPONENTS ORIGIN
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(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/ DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	PROBABLE SOURCE	PROBABLE ORIGIN	INTENDED USE
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(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/ DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST (Non-US Only)	PROBABLE SUPPLIER NON-US	NATIONALITY for	RATIONALE
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(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of \$5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share \$500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	PROPOSED DISPOSITION
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6. PAST PERFORMANCE REFERENCES

On a continuation page, please provide a list of the ten most current U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, and telephone number of the Contract/Agreement Officer or other contact person.

7. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as ☐ a corporation incorporated under the laws of the State of, ☐ an individual, ☐ a partnership, ☐ a nongovernmental nonprofit organization, ☐ a state or local governmental

organization, ☐ a private college or university, ☐ a public college or university, ☐ an international organization, or ☐ a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as ☐ a corporation organized under the laws of _____ (country), ☐ an individual, ☐ a partnership, ☐ a nongovernmental nonprofit organization, ☐ a nongovernmental educational institution, ☐ a governmental organization, ☐ an international organization, or ☐ a joint venture.

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non- color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

Attachment A

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

**KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES
AND DRUG TRAFFICKING**

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

CERTIFICATION REGARDING MATERIAL SUPPORT AND RESOURCES

As a condition of entering into the referenced agreement, _____ hereby certifies that it has not provided and will not provide material support or resources to any individual or entity that it knows, or has reason to know, is an individual or entity that advocates, plans, sponsors, engages in, or has engaged in terrorist activity, including but not limited to the individuals and entities listed in the Annex to Executive Order 13224 and other such individuals and entities that may be later designated by the United States under any of the following authorities: § 219 of the Immigration and Nationality Act, as amended (8 U.S.C. § 1189), the International Emergency Economic Powers Act (50 U.S.C. § 1701 et seq.), the National Emergencies Act (50 U.S.C. § 1601 et seq.), or § 212(a)(3)(B) of the Immigration and Nationality Act, as amended by the USA Patriot Act of 2001, Pub. L. 107-56 (October 26, 2001)(8 U.S.C. §1182).

_____ further certifies that it will not provide material support or resources to any individual or entity that it knows, or has reason to know, is acting as an agent for any individual or entity that advocates, plans, sponsors, engages in, or has engaged in, terrorist activity, or that has been so designated, or will immediately cease such support if an entity is so designated after the date of the referenced agreement.

For purposes of this certification, "material support and resources" includes currency or other financial securities, financial services, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

For purposes of this certification, "engage in terrorist activity" shall have the same meaning as in section 212(a)(3)(B)(iv) of the Immigration and Nationality Act, as amended (8 U.S.C. § 1182(a)(3)(B) (iv)).

For purposes of this certification, "entity" means a partnership, association, corporation, or other organization, group, or subgroup.

This certification is an express term and condition of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signature: _____

Name: _____

Date: _____

Address: _____

NOTICE:

If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

Survey on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 1/31/2006

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

☐ Yes ☐ No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-12 ☐ over 100

3. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☐ \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes ☐ No

5. Is the applicant a non-religious community based organization?

☐ Yes ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money our organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725.